

Combined or Consolidated Return  
Affiliation Schedule

For taxable year beginning \_\_\_\_\_, 19 \_\_\_\_, and ending \_\_\_\_\_, 19 \_\_\_\_.

Attach to your return

Name <b>1</b>		Federal employer identification number
Number and street <b>2</b>		For DOR use only <b>88</b>
City or town, state, and ZIP code <b>3</b>		

Section I **00**

Complete Section I only if it was not completed for a previous taxable year.

If answer to Arizona filer is yes, place an X in the box.

\* F = Consolidated

C = Combined

S = Separate

Listing of  
affiliated  
corporations  
combined or  
consolidated  
in this return  
or filing  
separate  
company  
returns

	Arizona filer?	Affiliated company name	F/C/S *	Federal employer ID number	Period from / through	PBA code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Section II  
Additions

Do not complete Sections II and III if Section I is completed.

If answer to Arizona filer or name change is yes, place an X in the box.

\* F = Consolidated

C = Combined

S = Separate

Corporations  
added to the  
affiliated  
group during  
the year

	Arizona filer?	Affiliated company name	Name change?	F/C/S *	Federal employer ID number	Month added	PBA code
1							
2							
3							
4							
5							
6							

Section III  
Deletions

If answer to Arizona filer or name change is yes, place an X in the box.

\* F = Consolidated

C = Combined

S = Separate

Corporations  
deleted from  
the affiliated  
group during  
the year

	Arizona filer?	Affiliated company name	Name change?	F/C/S *	Federal employer ID number	Month deleted	PBA code
1							
2							
3							
4							
5							
6							

Reason for deletions:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_